Location was listed as:	Location changed to:
	<u> </u>
Section-Township-Range: None Given  Fraction (1/4 1/4 1/4):	SE NE NE SW
Other changes: Initial statements:	
Changed to:	
Comments:	
Verification method: Latitude \$ longitude	e, KGS' "LEO" conversion tool,
and mapping tool on KG5 u	sobsite.

WATER WELL RECO	RD	F	orm W\	WC-5	Div	vision of Wate	er Resources App. N	SS01-IW01	
1 LOCATION OF WATER		Fraction	<u> </u>			n Number	Township No.		
	X WELL:		17	1/4 1/4		ii Number			
County: Sedgwick		1/4	1/4					R DE DW	
Street/Rural Address of W					Global	l Positionin	g System (GPS) i	nformation:	
from nearest town or intersection: If at owner's address, check here						Latitude: .37.6416177 (in decimal degrees)			
McConnell AFB					Longi	Longitude: -097,2535054 (in decimal degrees)			
MCCOTITEILAFD					Flevet	Elevation: 1369.26 TOC, 1369.53 MED			
						Datum: WGS 84, NAD 83, NAD 27			
2 WATER WELL OWNER: McConnell AFB									
DD# C4 A A 11 D #						Collection Method:  GPS unit (Make/Model:)			
RR#, Street Address, Box #:									
City, State, ZIP Code :					☐ Digital Map/Photo, ☐ Topographic Map, ☑ Land Survey				
					Est. Ac	ccuracy: 🖊	<3 m, 🔲 3-5 m, 🗀	] 5-15 m,	
3 LOCATE WELL									
WITH AN "X" IN 4	DEPTH OF	COMPLETI	ED WELI	25		ft.			
N W									
W.	WELL'S STATIC WATER LEVEL7								
Pump test data: Well water wasft. after hours pumping gpm									
EST VIELD com Well violan vion A often house proming									
7E 25									
			DAS. L	j Public wa	ei suppiy	) H 2		Injection well	
	Domestic							Other (Specify below)	
	Irrigation	Industri	al 🗌 I	Domestic-la	wn & gar	den 🗌 M	onitoring well		
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
was a chemical/bacteriological sample submitted to Department?   If yes, mo/day/yr sample was submitted									
ı ı					• • • • • • • • • • • • • • • • • • • •				
	ater well disin	rected!	res 🛂 I	NO					
5 TYPE OF CASING USE	D.	PVC	, ПС	ther					
CASING JOINTS: Glu									
						2 -			
Casing diameter									
Casing height above land s	urface	in	Weight		lbs./ft	Wall thi	ckness or gauge N	10. Sch.40	
TYPE OF SCREEN OR PER						,	0 0		
			•		1046 (6	if.)			
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous slot  Mill slot  Gauze wrapped  Torch cut  Drilled holes  None (open hole)									
☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)									
SCREEN-PERFORATED IN	JTERVALS.	From 11	<u>f</u>	t to 21		ft From	ft	to ft	
								. to ft.	
ODATEL DACK D	TEEDILL O	T 10III	I			. It., FIOIII	11.	10 It.	
GRAVEL PACK IN	HERVALS:	From!Y	I	t. to		. It., From .	It	. to ft.	
		From	f	t. to		. ft., From	ft.	to ft.	
6 GROUT MATERIAL:	✓ Neat ceme	nt 🗍 Cen	nent grout	☐ Bento	nite 🗀	Other			
Grout Intervals: From .0.	ft_to	10	ft From	_	ft to	ft	From	ft. toft.	
			it., i iom		11. 10		T10III	1	
What is the nearest source of			-	<b>-</b>			_		
Septic tank		ıes 🔲 Pit pri		Livestock		Insecticide		ther (specify below)	
Sewer lines	Cesspool	☐ Sewag		☐ Fuel storaş		Abandone	d water well		
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well									
Direction from well				Distance	from we	11		,,,,,,	
FROM TO	LITHOLOG			FROM	TO			UGGING INTERVALS	
TROM TO	<u> </u>	IC ECC		11011	.10	DITTIO. D	od (cont.) of 1 D	SOURIO INTERVIES	
				ļ				***************************************	
				-					
7 CONTRACTOR'S OR LA	ANDOWNEE	CEDTIE	IC A TION	V. This wat	er well 11	rac Manata	noted D recent	ructed or Diplugged	
dam mar innic that are and	311DO WILLI 	. GCERIII	\ 11/01	1. 11113 wai 1/2014	- 1 41.	as 🔼 consu	acteu, recollst	lacted, of $\square$ progged	
under my jurisdiction and wa	s completed of	ii (mo/day/ye	ar)!/!!	ижу.I.т a:	na unis re	cora is true	to the best of my	knowledge and belief.	
Kansas Water Well Contracto	эг's License N	o. 890	This W	√ater Well R	lecord wa	as completed	d,∕oµd,∕mo/day/)year	γ/1.2/1.6/2014	
under the business name of	ARS Techno	ologies, Inc.			by (si	ignature)	Chu Xi	<b>4</b>	
INSTRUCTIONS: Use typewriter	or ball point per	PLEASE PRE	SS FIRMI Y	and PRINT of	early. Plea	se fill in blank	s and check the correc	t answers. Send one copy to	
Kansas Department of He	alth and Environ	ment, Bureau of	Water, Geol	ogy Section. 1	000 SW Ja	ackson St., Suit	e 420, Topeka, Kans	as 66612-1367.	
Telephone 785-206-5524 Send or	e conv to WATT	D WELL OWN	ED and rate	im ama fam waw	mananda I	maluda faa af	65 00 for each constru		

http://www.kdheks.gov/waterwell/index.html